

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215524598				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Risk Transfer Insurance Agency, Inc. (USED IN VABY: Risk Transfer Underwriting, Inc.)</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL CORPORATE RESEARCH, LTD. 250 BROWNS HILL COURT MIDLOTHIAN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: CT</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2015</p> <p>SCC ID NO: F1865726</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	100
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COMMON	100					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 340 MADISON AVENUE 19TH FLOOR</p> <p style="text-align: center;">CITY/ST/ZIP: NEW YORK, NY 10173</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAUL DASSENKO TITLE: PRES/CEO/DTR ADDRESS: RISK TRANSFER UNDERWRITING INC CITY/ST/ZIP/CO: 340 MADISON AVENUE NEW YORK, NY 10016 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PAUL DASSENKO TITLE: PRES/CEO/DTR ADDRESS: RISK TRANSFER UNDERWRITING INC CITY/ST/ZIP/CO: 340 MADISON AVENUE NEW YORK, NY 10016	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH EDWARD RANDALL DIRECTOR 110 FENCHURCH STREET , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY ROGER RIDDELL DIRECTOR 110 FENCHURCH STREET , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PAUL DASSENKO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAUL DASSENKO, PRES/CEO/DTR PRINTED NAME AND CORPORATE TITLE	6/29/2015 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			